



MOTOR VEHICLE BUSINESS OFF SITE PERMIT APPLICATION

State Form 43595 (R7 / 6-15)

CONNIE LAWSON
SECRETARY OF STATE
DEALER DIVISION
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Indianapolis, Indiana 46204-2700
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INSTRUCTIONS: Complete application in full; failure to provide any information may prevent this form from being processed.

NOTE: The person or officer with jurisdiction over the real property described on this form must verify compliance with zoning and local ordinances in the relevant section below. If there is no person or officer with jurisdiction over the real property, you must include a written statement to that effect from the executive of the unit in which the property is located. The statement must state that the proposed location is zoned for the operation of the type of business described in this application.

Business name in which license will be issued			
Business address (number and street, city, state, and ZIP code)			
Temporary location (number and street, city, state, and ZIP code)			
Telephone number ()		E-mail address	
Dealer number		Retail merchant's certificate number	
Duration of event (not to exceed ten (10) days) From: To:		Type of event <input type="checkbox"/> Sunday Classic / Antique Auto Auction <input type="checkbox"/> Indiana Dealer Off Site <input type="checkbox"/> Out of State Dealer Sale	
Indicate the type of premises at which the event will be held: <input type="checkbox"/> Building <input type="checkbox"/> Tent <input type="checkbox"/> Open Parking Area <input type="checkbox"/> Other (explain): _____			
Indicate whether applicant is: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
List the names, titles, home addresses, and home telephone numbers of all owners, if sole proprietorship; all partners, if partnership; and all officers and directors, if corporation.			
NAME	TITLE	HOME ADDRESS (number and street, city, state, & ZIP code)	HOME TELEPHONE NUMBER
To be completed by the Executive of City, Town or County, as set forth in IC 36-1-2-5			
I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting Motor Vehicle Business at the temporary location cited above.			
Authorized signatory			Date (month, day, year)
Name of authorizing agency		Title	
CERTIFICATION			
Please read each statement carefully, check each box, and initial after each statement.			
<input type="checkbox"/> This temporary location for the proposed off site sale is within twenty (20) miles of the applicant's established place of business (see IC 9-23-2-7(c)). _____ Initial			
<input type="checkbox"/> The applicant has not applied for more than three (3) off site sales in the current year (see IC 9-23-2-7(g)). _____ Initial			
I hereby certify, under penalty of perjury, that I am authorized to make this application and that the answers and information in this application are true and correct.			
Signature of owner, partner, or officer			Date (month, day, year)
Print or type name of owner, partner, or officer		Title	